

THE 2008 ANNUAL HOSPITAL QUESTIONNAIRE

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PREFACE TO THE 2008 ANNUAL HOSPITAL QUESTIONNAIRE

The Annual Hospital Questionnaire (AHQ) is administered by the Division of Health Systems Development, Office of Policy, Planning and Statistics, of the Illinois Department of Public Health under the authority of the Illinois Health Facilities Planning Act [20 ILCS 3960/]. This survey is conducted on an annual basis and its results are published in the form of the Annual Hospital Profiles and other reports, posted on the website: <http://www.idph.state.il.us/about/hfpb.htm> .

Overview and Time Frame

The questionnaire is administered electronically to all hospitals in the State of Illinois Licensed under the Hospital Licensing Act. While the data are submitted electronically, for the submittal to be complete a signature page must be received, signed by the Chief Executive Officer of the facility attesting that, to the best of his or her knowledge, the "...data contained in the questionnaire are true and accurate." Email contacts were tested prior to the original submittal of the survey. On April 15, 2009 AHQ was distributed electronically to all 214 hospitals as a formal request for information, with a due date of May 27, 2009 (6 weeks for completion). For those facilities failing to submit by that date, a second formal request for information was issued with a completion date of June 30, 2009. The facilities from whom either the survey or the signature page was not received within this time frame was later issued Notices of Intent to Fine, as authorized under the Act.

Differences from Previous AHQs to 2008 AHQ

Noticeably, in this year's profile you see two sets of Certificate of Need (CON) Beds – one as of 12/31/2008 and other as of 4/22/2009. There are also two CON occupancy rates based on these dates. On 4/22/2009 Board approved the new Hospital Bed Capacity also referred to as "CON as of 4/22/2009" for all 214 Hospitals. According to 77 IL Administrative Code 1130, an Annual Bed Report (ABR) survey was administered for first time after 25 years to identify the correct number of inpatient hospital beds by category of service within state of IL. ABR was administered by Health Facilities Planning Board in April of 2008. Annual Bed Report identifies the hospital beds into 3 types- Physically Available, Reserve and Transitional beds. A combination of all these beds should not exceed their CON limit and also be consistent and comply with rules laid out in Adm code 1130. On 4/22/2009, Board voted on the voluntary reduction of beds that hospitals have reported to Facilities Planning Board via Annual Bed Report (ABR). New hospital bed capacity as of 4/22/2009 was adopted and occupancy rates for the facilities will be calculated based on this CON capacity for review purpose from here on. On 4/22/2009, Long Term Acute Care (LTAC), a new category of service was also approved by the Board. According to section 1110.2930, conversion of Med-Surg and Intensive Care beds to Long Term Acute Care (LTACH) was enacted.

Just like 2007 AHQ, this year's survey also has 2 sections: Part I, the utilization of all the categories of services; and Part II, financial information of the facility. **Part I is collected based on the calendar year, where as the financial Part II is based on the individual facility's fiscal year.**

Financial data were requested to be derived from the respondents' most recent audited financial statements or review or compilation of the financial statements or tax return for the most recent fiscal year available to them. The survey tool has been modified to relate to the on-going advancements in the medical field. There was a major change in the way cardiac surgery data were collected. The profiles indicate "Net Revenue by Payor Source" (Medicaid, Medicare, Private Pay, Other public and Public Insurance). Charity Care expense is also listed for their inpatient and outpatient population. With the co-operation of the Illinois Hospital Association (IHA), all hospitals were requested to validate these data after initial submittal.

Validation and Compilation of 2008 AHQ data

The submitted online survey data from each individual facility is received by the IDPH server and is exported into the database. The key fields that are being validated when the survey is submitted are as follows:

- Peak bed set up and staffed exceeding the (Authorized bed) CON limit.
- Quality checks on the occupancy rate and payor source parameters.
- Average length of stay (ALOS) and Average daily census (ADC) exceeding 100% capacity.
- Race-ethnic data matching the utilization admission and patient days.
- Outpatient and Inpatient surgical time per case tested to the state average.
- Number of patients listed under payor source category (inclusive of the charity care) validated to total patients treated.

IDPH staff has made every effort to contact the respective facility to verify the submitted data and an opportunity was given to correct the data and if errors were detected. It has been the responsibility however, of the hospital management, to assure the accuracy and completeness of the data submitted.

Questions may be addressed to:

Data Section

Division of Health Systems Development

525 W. Jefferson St., 2nd Floor

Springfield, IL 62761

Or email: DPH.FacilitySurvey@illinois.gov

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**Welcome to the
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)
ANNUAL HOSPITAL QUESTIONNAIRE FOR CALENDAR YEAR 2008**

This is a formal request by IDPH for full, complete and accurate information as stated herein. This request is made under the authority of the Health Facilities Planning Act [20 ILCS 3960/]. Failure to respond may result in sanctions including the following:

"A person subject to this Act who fails to provide information requested by the State Board or State Agency within 30 days of a formal written request shall be fined an amount not to exceed \$1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]

PLEASE NOTE

This questionnaire is divided into 2 sections.

Part I
Collects information on your facility and facility utilization.
This part **MUST BE REPORTED FOR CALENDAR YEAR 2008.**

Part II
Collects Financial and Capital Expenditure information for your facility.
This part **MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.**

We are permitting a 45-day period for receipt of your completed survey.


This survey must be completed and submitted by May 27, 2009.

Facilities failing to submit this questionnaire within the required time frame will be reported to the State Board for the State Board's consideration of the imposition of sanctions mandated by the Act.

If you have problems or questions concerning the survey, please check the [help] links provided. If you still have problems, contact this office via e-mail at DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

Click the button marked 'Next' at the bottom of this page to begin the survey.

Next > Save



SURVEY INSTRUCTIONS

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NOTE: Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.

There are 3 buttons at the bottom of each survey page:

'Next' takes you to the the next page of the survey.

'Back' returns you to the previous survey page.

'Save' saves work in progress if you need to stop before finishing.

YOU DO NOT NEED TO SAVE AFTER EACH PAGE. ONLY SAVE THE FORM IF YOU NEED TO STOP BEFORE COMPLETING.

IMPORTANT

When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in your web browser. **YOU MUST DO THIS ONLY ONCE; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT.** The link provided in your e-mail notice **WILL NOT** access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

The information below is for REFERENCE PURPOSES ONLY.

DO NOT MAKE CHANGES TO ANY OF THE LISTED INFORMATION.

If you have questions about any of the information listed, please contact us via e-mail or telephone:

E-mail: DPH.FacilitySurvey@illinois.gov

Telephone: 217-782-3516

Hospital Name

Hospital Address

Hospital City

State

Zip Code

Authorized Hospital Bed Capacity (CON)

Information

Health Service Area

Hospital Planning Area

County

Approved for LTC Swing Beds?

[\[Help\]](#)

Medical-Surgical

Pediatrics

Intensive Care

Obstetrics

Neonatal Level III

Long-Term Care

Rehabilitation

Acute Mental Illness

December 31, 2007 December 31, 2008

<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>

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QUESTION I. INPATIENT SERVICES UTILIZATION

Report the utilization data for each category of service in the spaces below.

OBSERVATION DAYS are defined as days provided to outpatients prior to admission for the purpose of determining whether a patient requires admission as an inpatient. **OBSERVATION DAYS = OBSERVATION HOURS divided by 24.****PEAK BEDS SET UP AND STAFFED** is the highest number of authorized service beds available for use at any point in time in the calendar year.**PEAK CENSUS** is the highest number of inpatients in the unit at any point in time in the calendar year.**A. MEDICAL-SURGICAL UTILIZATION:**

If you have an authorized Pediatrics unit, report utilization on line B below, not on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Medical-Surgical Nursing Unit
A1. Medical-Surgical 0-14 years	0	0				
A2. Medical-Surgical 15-44 years	0	0				
A3. Medical-Surgical 45-64 years	0	0				
A4. Medical-Surgical 65-74 years	0	0				
A5. Medical-Surgical 75 +	0	0				
A6. Medical-Surgical Totals	0	0	0	0	0	0

B. PEDIATRIC UTILIZATION: Pediatric care is defined as non-intensive Medical-Surgical care for patients aged 0-14 years.

If this service is provided in an AUTHORIZED Pediatric Unit, the data is to be recorded in this section on line B.

If there is no AUTHORIZED Pediatric Unit, report Medical Surgical care for 0-14 year olds on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Pediatric Nursing Unit
B. Pediatric Utilization	0	0	0	0	0	0

C. INTENSIVE CARE UTILIZATION: In this section, report the utilization of your Intensive Care unit, if you have one.

Neonatal Level III (Neonatal Intensive Care) is not to be reported here.

Intermediate care units are components of Medical-Surgical care and should be included in section A.

If an inpatient is sent directly to ICU upon admission to the hospital, report the patient in line C1; if an inpatient is admitted to another unit of the hospital and subsequently moved into ICU, report ICU utilization for that inpatient on line C2.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in ICU Nursing Unit
C1. Inpatients Admitted Directly to ICU	0	0				
C2. Patients Transferred to ICU from another Unit of the Hospital	0	0				
C3. TOTAL ICU UTILIZATION	0	0	0	0	0	0

D. OBSTETRIC/GYNECOLOGY UTILIZATION: Obstetrics care includes both Ante-Partum and Post-Partum. Clean Gynaecology is the non-maternity care.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in OB/Gyne Nursing Unit
D1. Obstetrics Patients	0	0				
D2. Clean Gynecology Patients	0	0				
D3. Total Obstetrics/Gynecology Patients	0	0	0	0	0	0

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E. NEONATAL LEVEL III (NEONATAL INTENSIVE CARE) UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Neonatal Level III Nursing Unit
E. Neonatal Level III [Help]	0	0	0	0	0	0

F. LONG-TERM NURSING CARE UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Long-Term Care Nursing Unit
F. Long-Term Care (LTC) [Help]	0	0	0	0	0	0

G. LONG-TERM CARE SWING BEDS (MEDICARE-CERTIFIED) UTILIZATION:

	Admissions	Inpatient Days	Peak Census
G. LTC Swing Beds (Medicare-certified) [Help]	0	0	0

H. ACUTE MENTAL ILLNESS UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Acute Mental Illness Nursing Unit
H. Acute Mental Illness	0	0	0	0	0	0

I. REHABILITATION UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2008	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Rehabilitation Nursing Unit
I. Rehabilitation [Help]	0	0	0	0	0	0

J. OBSERVATION DAYS OUTSIDE A NURSING UNIT:

If patient observation prior to admission takes place in dedicated observation beds and/or stations (not occurring in inpatient nursing units listed in A through I), report the number of dedicated observations beds or stations and the number of observation days here:

	Dedicated Observation Beds or Stations	Observation Days in Dedicated Observation Beds or Stations
J. Dedicated Observation Beds or Stations	0	0

FACILITY TOTAL UTILIZATION:

Report the Total Hospital Utilization Statistics in the spaces provided. TOTALS MUST INCLUDE ALL AUTHORIZED HOSPITAL SERVICES.

The sub-totals reported on Line K must equal the sum of the categories of service figures entered on Lines A6, B, C3, D3, E, F, G, H, I and J.

Line L is the information on Line K, with Intensive Care Transfers (C2) deducted from Admissions. Other Totals remain the same as on Line K.

	Total Admissions	Total Inpatient Days	Total Beds Set Up and Staffed on Oct. 1, 2008	Total Observation Days in Hospital
K. SUB-TOTAL OF ITEMS A - J	0	0	0	0
Minus ICU Transfers from C2	0			

L. TOTAL HOSPITAL UTILIZATION	0	0	0	0
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L. INPATIENT UTILIZATION BY RACIAL GROUP AND ETHNICITY:

Report the number of Inpatients admitted to the hospital and the number of Patient Days of Care provided to Inpatients by the hospital by the Racial Group and Ethnicity of the patient.

TOTAL ADMISSIONS AND INPATIENT DAYS IN SECTION 1 as well as in SECTION 2 (not a combination) MUST AGREE WITH THE FIGURES REPORTED ON LINE L, PAGE 4.

SECTION 1. RACIAL GROUPS	Inpatients Admitted	Patient Days
Asian	0	0
American Indian or Native Alaskan	0	0
Black or African American	0	0
Native Hawaiian or Pacific Islander	0	0
White	0	0
Unknown	0	0
TOTALS - SECTION 1	0	0

SECTION 2. ETHNIC GROUPS	Inpatients Admitted	Patient Days
Hispanic or Latino	0	0
Not Hispanic or Latino	0	0
Unknown	0	0
TOTALS - SECTION 2	0	0

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Question II. FACILITY OWNERSHIP AND ADMINISTRATION:

A. Legal Entity that operates the facility [\[Help\]](#)

B. Legal Entity that owns the physical plant [\[Help\]](#)

C. Indicate the type of organization managing the facility (CHECK ONLY ONE SELECTION):

<input type="radio"/> Non-Government Church-related	<input type="radio"/> Government State
<input type="radio"/> Non-Government Other Non-Profit	<input type="radio"/> Government County
<input type="radio"/> Non-Government Individual	<input type="radio"/> Government Township
<input type="radio"/> Non-Government Corporation	<input type="radio"/> Government City
<input type="radio"/> Non-Government Partnership	<input type="radio"/> Government Hospital District
<input type="radio"/> Non-Government Other	

D. Indicate any contracts for management of services: List any contractors who manage the selected services performed in the hospital.

	Contract Management
Psychiatric Service	<input type="text"/>
Rehabilitation Service	<input type="text"/>
Emergency Service	<input type="text"/>

E. Is your ENTIRE facility CERTIFIED by the Center for Medicare and Medicaid Services (CMS) as one of the following?

☐ Critical Access Hospital

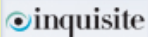
☐ LongTerm Acute Care Hospital (LTACH)

☐ None

F. Is your ENTIRE facility characterized as one of the following?

<input type="radio"/> Disproportionate Share Hospital
<input type="radio"/> Rehabilitation Hospital
<input type="radio"/> Children's Specialty Care Hospital
<input type="radio"/> Psychiatric Hospital
<input type="radio"/> None

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Question III. SURGICAL PROCEDURES - O.R. (Class C):

Record times in HOURS. Round ALL reported times UP to the next full hour. For example: 1927 minutes of surgery divided by 60 = 32.11 hours, rounds up to 33 hours. Hours of surgery are ACTUAL hours, not SCHEDULED hours.

OPERATING ROOM (CLASS C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

'COMBINED' O.R.s are operating rooms used for BOTH inpatient and outpatient surgeries, NOT the sum of inpatient and outpatient operating rooms.

CASE is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

SURGICAL HOURS include the time to perform the surgical procedure plus time for set-up and clean-up of the operating room.

	OPERATING ROOMS (CLASS C)				SURGICAL CASES TREATED		SURGICAL HOURS		
	Inpatient	Outpatient	Combined	TOTAL	Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Cardiovascular	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0	0
General Surgery	0	0	0	0	0	0	0	0	0
Gastroenterology	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0
OB/Gynecology	0	0	0	0	0	0	0	0	0
Oral Maxillofacial	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0	0
Orthopedic	0	0	0	0	0	0	0	0	0
Otolaryngology	0	0	0	0	0	0	0	0	0
Plastic Surgery	0	0	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0	0	0
Thoracic	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0
TOTAL SURGERIES	0	0	0	0	0	0	0	0	0

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Question IIIA. SURGICAL PROCEDURES - Invasive, Non OR**DEDICATED SURGICAL PROCEDURE ROOMS - Class B:**

Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Report how many rooms your hospital has dedicated for surgical procedures not included in the table above (Question III), by Inpatient, Outpatient and Combined Inpatient/Outpatient rooms. Also report the number of Inpatients and Outpatients special procedure cases in the reporting year, and the number of surgical hours the procedures required, for both Inpatient and Outpatient procedures.

TOTAL ROOMS should be the sum of Inpatient, Outpatient and Combined rooms.

CASE is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

SURGICAL HOURS include the time to perform the surgical procedure plus time to set-up and clean-up the procedure room.

TOTAL SURGICAL HOURS should be the total of Inpatient and Outpatient surgical hours.

	DEDICATED PROCEDURE ROOMS			TOTAL	CASES		TOTAL	SURGICAL PROCEDURE HOURS		
	Inpatient	Outpatient	Combined		Inpatient	Outpatient		Inpatient	Outpatient	TOTAL
Gastro-Intestinal Procedures	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Laser Eye Procedures	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Pain Management Procedures	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cystoscopy Procedures	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Multipurpose (Non- Dedicated) Procedure Rooms

(enter data for surgical speciality eg., Ophthalmology, General surgery, Minor procedures etc)

<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

SURGICAL RECOVERY STATIONS

Stage 1 - Post-Anesthesia
Recovery Stations

Stage 2 - Step-down Ambulatory
Recovery Stations

How many surgical recovery stations does your hospital maintain?

Question IV. Labor, Delivery and Recovery/Newborn Care:

a. Number of Labor Rooms	<input type="text" value="0"/>	b. Number of Delivery Rooms	<input type="text" value="0"/>	c. Number of Birthing Rooms	<input type="text" value="0"/>
d. Labor-Delivery-Recovery (LDR) Rooms	<input type="text" value="0"/>	e. Labor-Delivery-Recovery-PostPartum (LDRP) Rooms	<input type="text" value="0"/>		
	<input type="text" value="0"/>				
f. Number of Dedicated C-Section Rooms		g. Number of Total C-Sections Performed			<input type="text" value="0"/>

h. Births and Newborn Care

Report the number of Total Births (Live and Stillborn), Live Births, Newborn Level I, Level II and Level II+ patient days of care, as defined by the Perinatal Advisory Committee, in the spaces provided.

	Total Births	Live Births	Newborn Level I Patient Days	Newborn Level II Patient Days	Newborn Level II+ Patient Days
Number	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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Question V. Organ Transplantation:A. Does your hospital perform organ transplants? ☐ Yes ☐ No

Heart	Heart/Lung	Kidney	Liver	Lung	Pancreas
0	0	0	0	0	0

Question VI. Cardiac Surgery (Open Heart Surgery) For definitions and information, click the [\[Help\]](#) link.

	Age 0-14	Age 15 and Over
a. Cardiac Surgery Cases by Age Group	0	0
b. Total Cardiac Surgery Cases (All ages)	0	
c. Of Cases in b., Number of Coronary Artery Bypass Grafts (CABGs) [Help]	0	

Question VII. Cardiac Catheterization For definitions and information, click the [\[Help\]](#) link.**PHYSICAL SET UP:**

1. Total Cardiac Catheterization labs (includes Dedicated and Non-Dedicated labs for diagnostic/Interventional/EP)

- a. Catheterization labs dedicated to only Diagnostic procedures
- b. Catheterization labs dedicated to only Interventional procedures
- c. Catheterization labs dedicated to only Electro-Physiological procedures
- d. Of the catheterization labs listed in line 1, the number shared with radiology for Angiography procedures

LABS

0
0
0
0
0

UTILIZATION (Procedures Performed by Age Group)

2. Indicate the total catheterization procedures performed including all diagnostic, interventional, and EP procedures for all age groups.

0

	Age 0-14	Age 15 and Over
a. Diagnostic Cardiac Catheterizations	0	0
b. Interventional Cardiac Catheterizations	0	0
c. Electro-Physiological (EP) Procedures [Help]		0

Question VIII: Emergency/Trauma Care:A. Category of EMERGENCY Services : (as defined by IL Hospital Licensing Act) ☐ COMPREHENSIVE ☐ STAND BY ☐ BASICB. Are you a certified trauma center (by Emergency Medical Services (EMS)): ☐ YES ☐ NO

	LEVEL 1	LEVEL 2
C. Type of the trauma center:		

D. List the number of Operating rooms dedicated or reserved (24/7) for trauma: 0

E. List the number of stations in Emergency Room (ER): 0

F. Indicate the number of visits to Emergency and Trauma. Also list the number that resulted in admissions to the hospital.

	EMERGENCY (ED)	TRAUMA	TOTAL VISITS
Number of Visits	0	0	0
Admissions to Hospital (subset of visits that resulted in admission)	0	0	

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Question IX. OUTPATIENT SERVICES/VISITS:

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital should be reported under outpatient visits.

A. Visits at the Hospital/Hospital Campus	<input type="text" value="0"/>
B. Visits in the facilities Off site/Off Campus	<input type="text" value="0"/>
C. TOTAL	<input type="text" value="0"/>

Question X. Patients Served during Calendar Year 2008 by Payment Source:

Patients should be reported by PRIMARY source of payment.

TOTAL INPATIENTS REPORTED (including Charity Care) MUST EQUAL THE NUMBER OF ADMISSIONS REPORTED IN QUESTION I ON LINE L, PAGE 4.

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS
INPATIENTS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
OUTPATIENTS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

* **OTHER PUBLIC** includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

PRIVATE INSURANCE includes any payments made through private insurance policies.

PRIVATE PAYMENT includes money from a private account (for example, a medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

CHARITY CARE*

	INPATIENTS	OUTPATIENTS
Number of Charity Care Patients Provided Service	<input type="text" value="0"/>	<input type="text" value="0"/>

****Charity care**** means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS npatient Ratios), and not the actual charges for the services.

Question XI. LABORATORY STUDIES:

Report the number of laboratory studies performed for BOTH inpatients (excluding newborns) and outpatients. The total number of laboratory studies are to be reported. A STUDY is defined as a billable examination, such as CBCs, lipid profiles, etc. a series of tests performed in one visit on one person is all considered to be a single study.

Many hospitals have standing contracts with one or more private laboratories to perform laboratory studies. Report the total number of laboratory studies performed under such a contract in the last column.

	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract (Referrals)
Laboratory Studies Performed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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Question XI. DIAGNOSTIC AND THERAPEUTIC EQUIPMENT:

A. Indicate the number of pieces of equipment your hospital had in operation on site (Fixed owned/ Fixed leased during the reporting year and the number of inpatient, outpatient and contractually-performed examinations or treatment courses performed during the reporting year.

EXAMINATIONS are to be reported - **NOT** patients served. If one patient had several examinations during the reporting year, EACH examination is counted separately. It is the the number of times a machine is used per exam/procedure or treatment course.

If the hospital has a contract with an equipment supplier to provide inpatient or outpatient services on the campus of the hospital, the examinations are to be listed under exams by contractual agreement column.

DIAGNOSTIC IMAGING**PIECES OF EQUIPMENT****EXAMS/ PROCEDURES**

	Hospital Owned	Contracted (list below)	Inpatient	Outpatient	Contractual Agreement
1. General Radiography/Fluoroscopy	0	0	0	0	0
2. Nuclear Medicine	0	0	0	0	0
3. Mammography	0	0	0	0	0
4. Ultrasound	0	0	0	0	0
5. Diagnostic Angiography	0	0	0	0	0
6. CT Tomography	0	0	0	0	0
7. PET Tomography	0	0	0	0	0
8. Magnetic Resonance Imaging (MRI)	0	0	0	0	0

**INTERVENTIONAL & RADIATION
THERAPIES****PIECES OF EQUIPMENT****Treatment
Courses**

	Hospital Owned	Contracted (list below)	Treatment Courses
9. Lithotripsy	0	0	0
10. Interventional Angiography	0	0	0
11. Radiation Therapy Equipment			
a. Linear Accelerator	0	0	0
b. Proton Beam Therapy	0	0	0
c. Gamma knife	0	0	0
d. Cyber knife	0	0	0

B. List contractors for each type of equipment reported in section A.

If you reported any Contracted Equipment in Section A, column 3 above, list the type of equipment and the name(s) of the companies or persons with whom your hospital has contracted for equipment.

	Type of Equipment	Company/Individual Contracted With
1.		
2.		
3.		

PROCEED TO THE NEXT PAGE TO BEGIN PART II - FINANCIAL & CAPITAL EXPENDITURES

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ILLINOIS HEALTH FACILITIES PLANNING BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

THE DATA REQUESTED BY THIS QUESTIONNAIRE ARE AUTHORIZED
PURSUANT TO THE ILLINOIS HEALTH FACILITIES PLANNING ACT [20 ILCS 3960/5.3]

THESE DOLLAR AMOUNTS MUST BE TAKEN FROM YOUR MOST RECENT ANNUAL
FINANCIAL STATEMENTS WHICH INCLUDES YOUR INCOME STATEMENT AND
BALANCE SHEET. FINANCIAL STATEMENTS ARE DEFINED AS AUDITED FINANCIAL
STATEMENTS, REVIEW OR COMPILATION of the FINANCIAL STATEMENTS, OR TAX
RETURN FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.

This part of the survey collects Financial and Capital Expenditure information for your facility.
This part **MUST** be reported for the MOST RECENT FISCAL YEAR AVAILABLE to you.

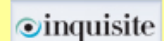
If you have problems providing the information requested, contact this office via e-mail at
DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

INDICATE THE STARTING AND ENDING DATES
OF YOUR MOST RECENT FISCAL YEAR (mm/dd/yyyy)

Starting Ending

Source of Financial Data Used

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ILLINOIS HEALTH FACILITIES PLANNING BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

1. CAPITAL EXPENDITURES

Provide the following information for all projects / capital expenditures **IN EXCESS OF \$268,700** obligated by or on behalf of the health care facility for your reported FISCAL YEAR (click the link below the table for definitions of terms):

	Description of Project / Capital Expenditure	Amount Obligated (\$)	Method of Financing	CON Project Number (if reviewed)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

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Report the TOTAL of ALL Capital Expenditures for your reported FISCAL YEAR

TOTAL CAPITAL EXPENDITURES FOR REPORTED FISCAL YEAR
(including those below \$268,700)

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ILLINOIS HEALTH FACILITIES PLANNING BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYMENT SOURCE

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*	ROW TOTALS
INPATIENT REVENUE (\$)	0	0	0	0	0	0
OUTPATIENT REVENUE (\$)	0	0	0	0	0	0

* **OTHER PUBLIC** includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

PRIVATE INSURANCE includes any payments made through private insurance policies.

PRIVATE PAYMENT includes money from a private account (for example, a Medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

3. ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* INPATIENTS AND OUTPATIENTS DURING YOUR REPORTED FISCAL YEAR

	INPATIENTS	OUTPATIENTS
Actual Cost of Services Provided to Charity Care Patients (\$)	0	0

*****Charity care** means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), and not the actual charges for the services.

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**ILLINOIS HEALTH FACILITIES PLANNING BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

4. Community Benefits:
Report the dollar amounts spent on various community benefit programs offered by your facility to the community. All hospitals must complete these items immaterial of whether they are Non profit facilities or not.

As this is the first time we are asking this question, if the data is not available for your reporting year then mark the appropriate box (Not Available) next to each item. However, every effort needs to be made to provide the requested information.

[Community Benefit Definitions](#)

a. Language Assistant Services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
b. Government Sponsored Indigent Health Care	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
c. Donations	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
d. Volunteer Services		
i) Employee Volunteer Services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
ii) Non-Employee Volunteer Services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
e. Education	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
f. Government Sponsored program services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
g. Research	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
h. Subsidized health services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
i. Bad Debts	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
j. Other Community Benefits	<input type="text" value="0"/>	Not Available <input type="checkbox"/>



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Please provide the following information for the individual responsible for the preparation of this questionnaire:

Contact Person Name

Contact Person Job Title

Contact Person Telephone Number

Contact Person E-Mail Address

By completing the following items, the Administrator attests that the information contained in this survey instrument is, to the best of his/her knowledge, complete and accurate.
This survey instrument cannot be submitted without the completion of these items.

Administrator's Name

Administrator's Title


Administrator's Telephone

Administrator's Email Address

Date of Submission (MM/DD/YYYY format) [\[Help\]](#)

THANK YOU FOR COMPLETING THE ON-LINE IDPH HOSPITAL QUESTIONNAIRE.
If you have any comments on the survey, please enter them in the space below.

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THIS PAGE MUST BE PRINTED OUT, COMPLETED BY THE HOSPITAL DIRECTOR, CEO, ETC., SIGNED, DATED AND SUBMITTED TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH BEFORE YOUR QUESTIONNAIRE WILL BE CONSIDERED COMPLETE.

FACILITY NAME

ADDRESS

CITY, STATE, ZIP

 , IL

I certify that I have reviewed our submittal of the Illinois Department of Public Health Annual Hospital Questionnaire for Calendar Year 2008, and that to the best of my knowledge and belief the data contained in the questionnaire are true and accurate.

Printed Name

Printed Title

Signature

Date

Once signed you may
Mail or Fax or Email the completed and signed page to:
Division of Health Systems Development
Illinois Department of Public Health
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761
Fax: 217-785-4111
Email: DPH.FacilitySurvey@illinois.gov

Click on the 'Next' button to proceed to the Finalization page.
You will be instructed in the final steps in submitting your survey data.

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IDPH ANNUAL HOSPITAL QUESTIONNAIRE

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WE STRONGLY RECOMMEND THAT YOU PRINT OUT EACH PAGE OF THIS FORM WITH YOUR ANSWERS FOR FUTURE REFERENCE.

ONCE YOU HAVE SUBMITTED THE FORM, NO FURTHER ACCESS OR CHANGES ARE POSSIBLE.

YOU CANNOT RETRACT OR CHANGE A SUBMITTED FORM, SO BE SURE TO VERIFY YOUR ANSWERS BEFORE CLICKING ON THE 'SUBMIT FORM' BUTTON.

WHEN YOU HAVE REVIEWED AND PRINTED YOUR RESPONSES, CLICK THE 'SUBMIT FORM' BUTTON TO SEND YOUR COMPLETED QUESTIONNAIRE BACK TO OUR OFFICE. YOU WILL BE ROUTED TO A CONFIRMATION PAGE.


Once submitted you will see an acknowledgment on the web page you are viewing and a dated receipt is also available for printing purpose

IF YOU HAVE ANY PROBLEMS, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT 217-782-3516 OR BY EMAIL AT DPH.FacilitySurvey@illinois.gov

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Term	Definition	Comments
Authorized Hospital Bed Capacity (CON)	Number of beds recognized for planning purposes at a hospital facility, as determined by HFPB and licensed by Illinois Department of Public Health.	According to Administrative rule 1100.220
Annual Admissions	Number of patients accepted/admitted for inpatient service during a 12 month period.	According to Administrative rule 1100.220
Annual Inpatient Days	<p>"Inpatient Days" means the total number of days of service provided to inpatients in a facility over a 12-month period. Inpatient days of care are counted as beds occupied at the time the daily census is counted.</p> <p>According to Administrative rule Section 1100.70 - observation days are included if the observation patient occupies a Authorized Hospital Bed Capacity (CON) bed that is included in the State Agency's Inventory of Health Care Facilities and Services)</p>	According to Administrative Rule 1100.220
Occupancy Rate	<p>Measure of inpatient health facility use, determined by dividing average daily census by the calculated capacity.</p> <p>It measures average percentage of facility's beds occupied and may be institution-wide or specific for one department or service.</p>	According to Administrative rule 1100.220

Peak bed set up and staffed	Maximum number of beds by category of service the facility considers appropriate to place in patient rooms taking into account patient care requirements and ability to perform the regular functions of patient care required for patients	According to Administrative rule 1100.220
Beds set up and staffed on Oct 1	Number of beds/stations set up and staffed on a particular day (Oct 1)	Measures the hospital utilization on any given random day.
Peak Census	Indicate your facility's maximum number of patients in Authorized Hospital Bed Capacity (CON Beds) at any one time during the reporting calendar year.	Measures the facility's peak utilization.
Observation Days	Number of days of service provided to outpatients for the purpose of determining whether a patient requires admission as an inpatient or other treatment. The observation period shall not exceed 48 hours. OBSERVATION DAYS = OBSERVATION HOURS divided by 24	According to Administrative Rule 1100.220
Observation days in a particular nursing unit	Indicate number of beds/stations if available and operating in a given nursing unit (like Ob, ICU, and Med-surg etc) in your facility.	These beds do not count toward the Authorized Hospital Bed Capacity (CON beds).
Observation Days in dedicated observation beds/stations outside the nursing unit	Indicate the number of days spent in those operating observation beds or stations available anywhere but within the given specific nursing unit.	May/may not be billed for observation.
Dedicated observation Beds/stations	Indicate the number of observation beds or stations if operating and available	May or may not be admitted into the hospital

	anywhere but not occurring in inpatient nursing units.	
Average Daily Census	Over a 12 month period the average number of inpatients receiving service on any given day.	According to Administrative rule 1100.220
Average Length of Stay (ALOS)	Over a 12-month period the average duration of inpatient stay expressed in days as determined by dividing total inpatient days by total admissions. For the calculating Average Length of Stay, Total Inpatient days = Inpatient days + Observation days.	According to Administrative rule 1100.220
Med-Surg Utilization	It is an assemblage of inpatient beds and related facilities in which medical – surgical services are provided to a limited class of patients according to their particular medical needs. It includes sub categories of services like medical, surgical, ophthalmology, intermediate ICU, gynecology (outside OB), orthopedic, ENT, Ophthalmology, neurology, cardio, vascular, thoracic, inpatient renal dialysis, trauma, special care units, dental, urology. It does not include Pediatric, Obstetric, ICU, Rehab service, Acute Mental Illness treatment, Neonatal ICU, General Long Term Care. Age groups include 15 and over usually. If a hospital	According to Administrative rule 1110.520. If your facility operates telemetry beds, they should be part of Med surg beds. Please note: They cannot be considered as an add-on to existing Med-Surg beds that your facility is authorized for.

	<p>has an authorized pediatric unit, then report the utilization under pediatric category. Under such circumstances the utilization for Med-Surg under 0-14 category should be zero.</p> <p>If the facility is not authorized for pediatric beds then the utilization should be reported under Med-Surg 0-14 years.</p>	
Pediatric Utilization	Entire facility or distinct unit of a facility which is designed, equipped, organized and operated to provide non intensive medical surgical care to 0-14 years of age population.	According to Administrative rule 1110.520
Neonatal ICU (NICU) Utilization	<p>NICU is a designated Level III nursery as designed by the IL Perinatal Advisory Committee. NICU is distinct part of the facility which is designed, equipped and operated to deliver medical and surgical care to high risk infants. It is a category of service providing treatment of the infant for problems identified in the neo-natal period.</p> <p>The service must also include a related obstetric service for care of a high risk mother (except when the facility is dedicated to the care of children).</p>	<p>According to Administrative code 1110.920</p> <p>According to 77 IL Administrative code 640 – Regionalized Perinatal Healthcare code.</p>
Intensive Care Unit	Distinct part of the facility which is designed, equipped, organized and operated to deliver optimal	According to Administrative rule 1110.520

	<p>medical care for critically ill or for patients with special diagnostic conditions. Includes all age groups. The Intensive Care category of service includes sub categories like medical intensive care unit (MICU), Surgical ICU (SICU), Coronary care (CCU), pediatric ICU (PICU) and combinations of such.</p> <p>Intermediate care units are not components of ICU and should be included under Med-Surg utilization.</p>	<p>Neonatal ICU utilization should not be included here. If the facility has authorized neonatal ICU, it should be reported under neonatal ICU.</p> <p>Burn beds are part of intensive care unit and have been added to the ICU inventory (effective Feb 15, 2003)</p>
Direct admissions to ICU	Include patients who are admitted directly and will count towards the total admissions.	
Patients transferred to ICU from another unit of the hospital.	These patients were counted once when admitted to the hospital, these do not count towards the total admissions. However, we count the patient days they spent in the ICU unit for calculating their average length of stay.	
Obstetrics/Gynecology Utilization	Maternity and gynecology unit means an entire facility or a distinct part of facility which provides both a program of maternity care and a program of obstetric gynecology care and is designed, equipped, organized and operated in accordance with Hospital Licensing Act.	According to Administrative rule 1110.520
	i. Maternity care is defined	According to

	<p>as subcategory of obstetric service related to medical care of a patient prior to and during the act of giving birth either to a living child or a dead fetus and providing medical care of both patient and newborn infant under the direction of medical personnel.</p> <p>ii. Obstetric Gynecology (clean Gynecology) is defined as subcategory of obstetric service where medical care is provided to clean gynecological, surgical or medical cases which are admitted to a post partum section of an obstetric (maternity) unit.</p>	<p>Administrative rule 1110.520 subsection (b)(3)</p> <p>According to Administrative rule 1110.520 subsection (b)(5)</p>
Physical Rehabilitation utilization	Comprehensive rehabilitation unit is a distinct unit of hospital or special referral hospital which is designed, equipped, organized and operated to deliver inpatient rehabilitation services.	According to Administrative rule 1110.620
Acute Mental Illness utilization	<p>Acute mental illness treatment of service is a distinct unit in a facility which is designed, equipped, organized and operated to deliver inpatient and supportive acute AMI treatment services.</p> <p>AMI is typified by an average length of stay of 45 days or less for adults and 60 days or less for children and adolescents.</p>	According to Administrative rule 1110.720
Case	Case is defined as a patient encountered in an inpatient or outpatient setting. For example, if three procedures	

	are performed on one individual that is counted as only one case.	
Surgical Hours	It is the time taken to perform the surgical procedure plus time taken for set up and clean up of the operating room and not the patient.	
Operating Rooms (Class C)	Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.	According to Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons.
Operating Room surgical Procedures	Include major surgeries (Class C) which are also classified into their specialties.	According to ACCA, category C procedures require general or regional block anesthesia and support vital bodily functions.
Surgical Procedure Rooms (Class B)	Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs	Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons
Invasive, Non OR surgical Procedures	Dedicated surgical procedures done in dedicated surgical rooms and suites which come under classification B, needs to be listed here.	According to American College of Certified Anesthesiologists (ACCA), Category B includes minor or major surgical procedures performed in conjunction with oral, parenteral or intravenous sedation.
Stage 1 and Stage 2 Recovery Stations	Recovery Stations are defined as the stations/units within the room providing post operative/post anesthetic care soon after the surgery.	According to ACOA (American College of Anesthesiologists).

	<p>Stage 1 recovery is used for patients who received intensive anesthesia for major surgical procedures which would take more time to recuperate, while Stage 2 are used for less intensive procedures which involve less anesthesia there by need less time to recuperate.</p>	
Cardiac Surgery	<p>Cardiac Surgery or Cardiac Case means surgical procedures on heart and thoracic great vessels performed on a patient during a single session in a cardiac surgery operating room including procedures such as but not limited to coronary artery bypass graft, myocardial revascularization, aortic and mitral valve replacement, ventricular aneurysm repair, and pulmonary valvuloplasty. For purposes of this section, cardiac surgery does not include heart transplantation and diagnostic and interventional cardiac catheterization.</p>	
Cardiac Labs	<p>Includes labs that are dedicated as well as non dedicated cardiac labs for diagnostic, interventional and electrophysiology procedures. Total cardiac labs will be more than or equal to the sum of dedicated cardiac labs.</p>	
Diagnostic Cardiac Catheterization (DCC)	<p>Performance of Catheterization procedures associated with determining</p>	

	the blockage of blood vessels and the diagnosis of cardiac diseases that are performed in a cardiac cath lab or special procedures lab with cardiac cath capabilities.	
Dedicated Cardiac Catheterization Laboratory (DCC)	DCC lab is a distinct lab that is staffed equipped and operated solely for the provision of diagnostic or interventional cardiac catheterization.	
Cardiovascular Intervention or Treatment	All interventional cardiac procedures performed on a patient during one session in the laboratory (one patient visit equals one intervention regardless of number of procedures performed.	
Interventional Cardiac Catheterization (ICC)	Treatment of cardiac diseases associated with the blockage or narrowing of the blood vessels and diseases of the heart by the performance of percutaneous coronary intervention or similar procedures in a cardiac cath lab or special procedures lab with cardiac cath capabilities. Cardiovascular interventions include but not limited to Percutaneous Transluminal Coronary Angioplasty (PTCA), rotational atherectomy, directional atherectomy, extraction atherectomy, laser angioplasty, implantation of intracoronary stents and other catheter devices for treating coronary atherosclerosis.	

Multiple Use Angiographic Laboratory	Lab that has equipment, staff, and support services required to provide diagnostic or interventional cardiac catheterization and routinely perform DCC and ICCs. They can be used to perform other angiographic procedures.	
Electrophysiology Studies (EPS)	Electrophysiology study means studies conducted to determine the focus of arrhythmias in the heart. Electrodes are placed in the heart during a cardiac catheterization, making it possible to measure the electrical potential of different locations within the heart and determine the area responsible for an arrhythmia to destroy abnormal cells causing rhythm disturbances.	
Adult cardiac catheterization	Cardiac catheterization of patients 15 years of age and older	According to Administrative rule 1110.1320
Pediatric cardiac Catheterization	Cardiac Catheterization of patients 0-14 years.	According to Administrative rule 1110.1320
Labor-Delivery-Recovery-Postpartum rooms	Rooms dedicated to complete maternity suites.	These beds can be counted towards OB-Gyn beds
Cesarean-Sections	Indicate number of Cesarean-sections (C-Sections) performed in both OR and in Non ORs	
Total Births	<p>Total number of babies born vaginally or by C-Section, including both live births and fetal deaths/stillborn.</p> <p>It is not number of moms being brought into delivery</p>	<p>According to American Academy of Pediatrics (College of Obstetricians and Gynecologists)</p> <p>Perinatal Advisory committee, Administrative</p>

	room. If a mother gives birth to twins, it would be two births and not one.	rule title 77 IL section 640.
Live Births	<p>Of the total births, the number of infants that, regardless of the duration of the pregnancy, breathe or show any other evidence of life, such as beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.</p> <p>"Born alive", "live born", and "live birth", when applied to homo sapiens species, each mean complete expulsion or extraction from his or her mother and after such separation breathed or showed evidence of any of the following: beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, irrespective of the duration of pregnancy and whether or not the umbilical cord has been cut or the placenta is attached..</p>	<p>(720 ILCS 510/2) (from Ch. 38, par. 81-22)</p> <p>According to American Academy of Pediatrics (College of Obstetricians and Gynecologists)</p>
Trauma	Trauma – any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)	
Trauma Center	Trauma Center – a hospital which: within designated capabilities provides care to trauma patients; participates in an approved EMS System; and is duly designated pursuant to the provisions of the Act.	Section 3.90 of the EMS Act
Trauma Level I	Hospital participating in an approved EMS System and	Section 515.2030

	<p>designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.</p> <p>In a <u>Level I</u> trauma center, the OB/GYN, pediatric surgery or cardiovascular surgical sub specialist must arrive within 30 minutes, for <u>Level II</u> within 60 minutes.</p>	<p>If a facility is designated Trauma Level 1 for Adult but is Level 2 for Pediatric trauma, it should be selected likewise.</p>
Trauma Level II	<p>Hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.</p>	Section 515.2040
Laboratory Studies	<p>A study is defined as billable examination. A series of related tests performed in one visit on a person is considered as one study.</p>	
Inpatient Studies	<p>Inpatient lab studies done on inpatients except for newborns. Newborns are not patients admitted hence newborn studies are excluded.</p>	
Outpatient Studies	<p>Outpatient lab studies are studies done patients that come into outpatient services and may include non-patients (those get tested on preventive care).</p>	

Studies performed under Contract (Referrals)	Studies performed under contract at another laboratory are termed as Referral studies	
Outpatient Visits	All services or visits provided by physician to all outpatient services including emergency, surgical, radiological provided by and billed by the hospital.	
Outpatient visits at the Hospital/Campus	Visits provided by physician to all outpatient services including emergency, surgical, radiological provided by and billed by the hospital and occurring at the hospital or hospital campus.	
Outpatient visits in the facilities off site/off campus	Visits provided by physician to all outpatient services including emergency, surgical, radiological provided by and billed by the hospital and occurring off site/off campus.	
Hospital Owned Diagnostic/ Therapeutic Equipment	Equipment that is purchased through capital dollars under the hospital's accounting measures. (value may depreciate)	It is considered to be Fixed/Owned
Contracted/Leased Diagnostic/ Therapeutic Equipment	Equipment that is leased through a vendor which is paid through operating dollars. This would include system within a mobile trailer	Leased/Contracted works better as the newer upgrades are available, less maintenance and not stuck with older versions (with depreciating value).
Treatment Courses	Typical course of events (procedures) that needs to be completed for a specific patient that undergoes radiation therapy. The frequency and length of a treatment course is	

	individualized and it depends on the type of the tumor being treated.	
Mammography	Is a diagnostic procedure/ exam in which low dose amplitude –X rays are utilized to examine the human breast.	According to American College of Radiologists (ACR)
Fluoroscopy	Imaging technique/ procedure used to get real time moving of internal structures.	According to ACR
Nuclear Medicine	Branch of medical imaging that uses radioisotopes (radionuclide's) in the disease diagnosis.	
Ultrasound	Is a diagnostic medical imaging technique using high frequency sound waves to get visual images of internal organs. Unlike X-rays these do not involve exposure to radiation.	Used in OB/Gyn, vascular, cardiac (ECHO cardiogram) etc areas often.
CT Tomography	It is also a non-invasive medical imaging employing tomography. It is of much use in bodily structures based on their ability to block Rontgen/X-ray beams	According to ACR
PET Tomography	Positron Emission Tomography is a nuclear medicine imaging technique producing 3 D images of functional processes in the body. The system detects pairs of gamma rays emitted indirectly by a positron-emitting radionuclide (tracer), which is introduced into the body.	
Magnetic Resonance Imaging (MRI)	Non-invasive medical imaging technique used in radiology to visualize the structure and function of the body. Has much greater precision than CT on soft	

	tissues. Hence offers greater uses in Neurology and Oncology. MRI uses magnetic fields and not ionizing radiation.	
Angiography	Angiography could be both a diagnostic as well as an interventional procedure. It is inclusive of but not limited to x-rays with catheters computed tomography (CTA) and Magnetic Resonance (MRA)	American College of Cardiology/Society for Cardiac Angiography and Interventions
Lithotripsy	Lithotripsy is a non-invasive treatment course, uses high intensity, focused acoustic pulse to break Kidney and Biliary Calculi.	
Radiation Therapy a. Linear Accelerator b. Gamma Knife c. Proton Beam Therapy	Radiation Oncology uses ionizing radiation to control malignant/cancer causing cells. Produces high velocity/energy to atomic particles in radiation therapy. Device used to treat brain tumors. It aims gamma radiation and contains cobalt -60. A beam of protons are used to radiate the tumors. However they are targeted very precisely and release most of its energy causing less damage to healthy tissue.	According to ACR
Patients served by payment source	Include number of inpatients and outpatients served by their payment type.	Payment sources are defined within the questionnaire too.

Revenue by payment source	Include the amount of net revenue of the facility during the fiscal year for the inpatients and outpatients served by the payment type.	Revenue to be listed
Actual cost of services provided to charity care patients	Include the dollar amount spent by the facility to care for the charity care inpatients and outpatients. Medicare Cost to Charge Ratio dollar value should be used while figuring this amount.	Actual cost of service to be reported.
Charity Care	“Charity Care” is defined as care for which the provider does not expect to receive payment from the patient or a third party payor. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1 PPS Inpatient Ratios), and not the actual charges for the services.	CMS 2552-96 Worksheet C, Part 1 PPS
Private Pay	Private pay includes money from a private account (for example, a medical savings account) and any government funding made	

	out and paid to the resident which is then transferred to the facility to pay for services. It also includes all the Self pay payments.	
Other Public	Other public includes all forms of direct public payment excluding Medicare and Medicaid. DMH/DD and veterans' administration funds and other funds paid directly to a facility should be recorded here.	
Source of Financial Data Used	Indicate the source from which the financial information has been taken. The sources include audited financial statements, review or compilation of financial statements or tax return for most recent fiscal year.	The fiscal year and the source of financial data could be quite different to each hospital.

Financial/Capital Expenditures Definitions:

1. **ON BEHALF OF HEALTH CARE FACILITY:** Any transactions undertaken by the facility or by any other entity other than the facility which results in constitution or modification of the facility and directly or indirectly results in the facility billing or receiving reimbursement, or in participating or assuming responsibility for the retirement of debt or the provision of any services associated with the transaction.
2. **CAPITAL EXPENDITURE:** Any expenditure : (A) made by or on behalf of a health care facilityand (B) which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance, or is made to obtain by lease or comparable arrangement any facility or part there of or any equipment for a facility or part... and includes the cost of any studies, surveys, designs, plans, working drawings, specification and other activities essential to the acquisition, improvement, expansion or replacement of any plant or equipment with respect to which an expenditure is made... and includes donations of equipment of facilities or a transfer of equipment or facilities at fair market value.
3. **CONSTRUCTION OR MODIFICATION:** The establishment, erection, building, alteration, reconstruction, modernization, improvement, extension, discontinuation, change of ownership, of or by a health care facility, or the purchase or acquisition by or through a health care facility of equipment of service for diagnostic or therapeutic

purpose or for facility administration or operation, or any capital expenditures made by or on behalf of a health care facility.

4. **METHOD OF FINANCING:** The source of funds required to undertake the project or capital expenditure. Forms of financing include equity (cash and securities), lease, mortgages, general obligation bonds, revenue bonds, appropriations and gifts/donations/bequests.
5. **OBLIGATION:** The commitment of funds directly or indirectly through the execution of construction or other contracts, purchase order, lease agreements or other means for any construction or modification project.

NOTE: Funds obligated in a given year should not be carried forward to subsequent years due to phased or periodic payouts. For example, a facility signs a \$2 million contract in 2006 for construction of a new bed wing. Construction takes approximately three years with payments being made to the contractor during 2006, 2007 and 2008. The entire \$2 million would be listed once as an obligation for 2006 and would not be listed in subsequent years.

6. **PROJECT:** Any proposed construction or modification of a health care facility or any proposed acquisition of equipment undertaken by or on behalf of a health care facility regardless of whether or not the transaction required a certificate of need. Components of construction or modification, which are interdependent, must be grouped together for reporting purposes. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one of more of the components compels the other components to be undertaken. If components of construction or modification are undertaken by means of a single construction contract, those components must be grouped together. Projects involving acquisition of equipment, which are linked with construction for the provision of a service cannot be segmented. When a project or any component of a project is to be accomplished by lease, donation, gift or any other means, the fair market value or dollar value, which would have been required for purchase, construction or acquisition, is considered a capital expenditure.
7. **NET REVENUE:** Net Revenue is the result of gross revenue less provision for contractual adjustments from third party payors (Source: AICPA).
8. **COMMUNITY BENEFIT:** Report the dollar amounts spent on the different community benefit activities.

NOTE: Hospitals that are required to report community benefits to the AG, have six months from the close of their fiscal year to do so. For the IDPH Questionnaire, some hospitals may have completed a fiscal year, but have not yet completed their community benefit report. These hospitals will only have available their report from last year, please report which is all you will be able to provide, however indicate that in the comment box.

- **Language assistant services.** Unreimbursed actual costs pertaining to language assistance service such as salaries and benefits of translators, costs of translation services provided via phone and costs of forms, notices and brochures provided in languages other than English, offset by any revenue received for these services.
- **Government Sponsored Indigent Health Care.** Unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for

which is based on financial need. Includes both inpatient and outpatient services. In calculating this cost, hospitals should apply a total cost-to-charge ratio to obtain costs, unless the hospital has an alternative method for determining costs, then deduct any revenues that were received for such services.

- **Donations.** Cash and in-kind donations such as the value of meeting space, equipment, and personnel to assist other community health care providers, social service agencies and organizations.
- **Volunteer Services.** Voluntary activities provided by hospital employees and volunteers in connection with a hospital's Community Benefits Program that take place as the result of a formal hospital initiative to organize or promote voluntary participation in the activity. Value of volunteer time is to be calculated as the number of volunteer hours multiplied by minimum wage.
- **Education.** Costs incurred for hospital-based educational programs such as medical residency and internships and nursing, radiology technician and physical therapy programs, reduced by direct medical education funding from third-party payer reimbursement, offsite rotation revenue, fees charged, etc. Community health education and wellness programs should be reported under Subsidized Health Services section.
- **Government-sponsored program services.** Any other unreimbursed costs not included in Government Sponsored Indigent Health Care section.
- **Research.** Cost of research activities conducted primarily to advance medical or health care services, including clinical drug trials, demonstration projects for alternative delivery systems, disease-specific research, etc. This portion of the report should include only actual costs not covered by grant funding or donations.
- **Subsidized health services.** Subsidized health services for which the hospital, in response to community need, must subsidize from other revenue sources. It includes, but is not limited to, such services as emergency and trauma care, neonatal intensive care, community health clinics, and collaborative efforts with local government or private agencies to prevent illness and improve wellness, such as immunization programs. Includes specialty services that yield a financial loss such as rehabilitation, burn care, substance abuse, AIDS, geriatric, pediatric, clinics, hospice, physician referral service, ambulance and programs to prevent illness or injury and improve wellness such as community health screenings, immunization programs, health education, counseling and support groups, poison control, etc. Hospitals should determine the financial loss by calculating the costs of staff, materials, equipment, space, etc., offset by any third-party payment, patient fees, or donations.
- **Bad debts.** The bad debt expense resulting from the extension of credit for services the hospital provided for which payment was expected but not received.
- **Other Community Benefits.** Include any other community benefits that are not listed above.